County: Outagami e RENNES HEALTH CENTER - APPLETON 325 EAST FLORI DA AVENUE APPLETON 54911 Pho Ownership:
Highest Level License:
Operate in Conjunction with CBRF?
Title 18 (Medicare) Certified? Corporati on Skilled No Yes Average Daily Census: **56**

Age, Sex, and Primary Diagnosis of Residents (12/31/00) Length of Stay (12/31/00) %	*************	****	*****************	*****	************	*******	*****************	******
Supp. Home Care-Personal Care No No Developmental Disabilities 0.0 Under 65 0.0 More Than 4 Years 48.3 Supp. Home Care-Household Services No No Mental Illness (Org. /Psy) 41.4 65 - 74 1.7 Respite Care No Mental Illness (Other) 1.7 75 - 84 25.9 Adult Day Care No Al cohol & Other Drug Abuse 0.0 85 - 94 58.6 Adult Day Health Care No Cancer 3.4 Home Delivered Meals No Cancer 3.4 Home Delivered Meals No Cardiovascul ar 24.1 Transportation No Cerebrovascular 8.6 Referral Service No Respiratory 1.7 Other Services No Respiratory 1.7 Provide Day Programming for No Referral Service No No Respiratory 0ther Medical Conditions 8.6 Penale 82.8 Provide Day Programming for No	Services Provided to Non-Residents		Age, Sex, and Primary Diagn	Length of Stay (12/31/00)	%			
Supp. Home Care-Household Services No Developmental Disabilities No Mental Illness (Org. /Psy) 41.4 65 - 74 1.7 75 - 84 25.9 41.4 75 75 - 84 25.9 75 75 75 - 84 25.9 75 75 75 75 75 75 75 7			Primary Diagnosis	 %	Age Groups	% 		
Respite Care	Supp. Home Care-Household Services	No	Developmental Disabilities			0. 0		
Adult Day Care No Al cohol & Other Drug Abuse Para-, Quadra-, Hemi plegic Congregate Meals 0.0 85 - 94 58.6 ************************************			Mental Illness (Org./Psy) Mental Illness (Other)			1. 7 25. 9		100. 0
Congregate Meals	Adult Day Care			0.0		58. 6	*******************	******
Other Meals No Transportation No Referral Service No Unique type Cardiovascular (Cerebrovascular (Cere					95 & Over 			
Transportation No Referral Service No Di abetes 6.9 Sex % LPNs 0.8 Other Services No No Provide Day Programming for Mentally III No Provide Day Programming for Mentally Programming for No Provide Day Programming for No No Provide Day Programming for No No Provide Day Programming for No No No Respiratory Other Medical Conditions No No Respiratory Other Medical Conditions No No Respiratory Other Medical Conditions No No No No No No No No Respiratory Other Medical Conditions No					65 & Oven		(12/31/00)	
Other Services No Respiratory 1.7 Provide Day Programming for Mentally Ill No Provide Day Programming for 100.0 No No Provide Day Programming for No No No Provide Day Programming for No No No Provide Day Programming for No	Transportation	No	Cerebrovascul ar	8. 6	03 & 0vei 			20. 4
Provide Day Programming for Medical Conditions 8.6 Male 17.2 Aides & Orderlies 42.8 Female 82.8 Provide Day Programming for 100.0					Sex	%		0.8
Provi de Day Programmi ng for 100.0	Provi de Day Programming for							42.8
Devel opmental ly Di sabled No 100. 0		No		100 0	Female	82. 8		
***************************************	Developmentally Disabled	No		als als als als als als als als		100. 0		ale ale ale ale ale ale ale ale

Method of Reimbursement

	Medicare (Title 18)				Medicaid (Title 19)			Other Private			ri vate	Pay]	Manageo	l Care	Percent	
			Per Die	m		Per Die	m		Per Die	m		Per Dien	1	Ŭ I	Per Diem	Total	Of All
Level of Care	No.	%	Rate	No.	. %	Rate	No.	%	Rate	No.	. %	Rate	No.	%	Rate	No.	Resi dents
Int. Skilled Care	0	0. 0	\$0.00	0	0. 0	\$0.00	0	0. 0	\$0.00	0	0. 0	\$0.00	0	0. 0	\$0.00	0	0. 0%
Skilled Care	4	100. 0	\$205. 15	11	100. 0	\$108. 10	Ŏ	0. 0	\$0.00	42		\$157.50	Ŏ	0. 0	\$0.00	57	98. 3%
Intermediate				0	0.0	\$0.00	0	0.0	\$0.00	1	2.3	\$157.50	0	0.0	\$0.00	1	1. 7%
Limited Care				0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Personal Care				0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Residential Care				0	0.0	\$0. 00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Dev. Di sabl ed				0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Traumatic Brain Inj		0.0	\$0. 00	0	0.0	\$0. 00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0. 00	0	0.0%
Ventilator-Depender	t 0	0.0	\$0. 00	0	0.0	\$0. 00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0. 00	0	0.0%
Total	4	100.0		11	100. 0		0	0.0		43	100.0		0	0.0		58	100.0%

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Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution	of Residents'	Condi ti	ons, Servi ces,	and Activities as of	12/31/00
beachs builing keporeing refrou]		%	Needi ng		Total
Percent Admissions from:		Activities of	%		istance of	% Totally	Number of
Private Home/No Home Health	0.0	Daily Living (ADL)	Independent	0ne	Or Two Staff	Dependenť	Resi dents
Private Home/With Home Health	0.0	Bathi ng	3. 4		93. 1	3.4	58
Other Nursing Homes	10. 2	Dressi ng	3. 4		91. 4	5. 2	58 58
Acute Care Hospitals	71. 2	Transferring	27. 6		62. 1	10. 3	58
Psych. HospMR/DD Facilities	0.0	Toilet Use	22. 4		67. 2	10. 3	58
Rehabilitation Hospitals	1. 7	Eating	79. 3		19. 0	1. 7	58
Other Locations	16. 9	* * * * * * * * * * * * * * * * * * *	*********	******	*******	********	******
Total Number of Admissions	59	Continence		%	Special Treat		%
Percent Discharges To:		Indwelling Or Externa		6. 9	Recei vi ng l	Respiratory Care	19. 0
Private Home/No Home Health	18. 2	Occ/Freq. Incontinent		48. 3	Recei vi ng	Tracheostomy Care	0. 0
Private Home/With Home Health	5. 5	Occ/Freq. Incontinent	of Bowel	20. 7	Recei vi ng S		0. 0
Other Nursing Homes	0. 0					Ostomy Care	3. 4
Acute Care Hospitals	7. 3	Mobility				Tube Feeding	1. 7
Psych. HospMR/DD Facilities	0.0	Physically Restrained	l	3. 4	Recei vi ng 1	Mechanically Altered D	iets 22.4
Reĥabilitation Hospitals	0. 0				_	-	
Other Locations	14. 5	Skin Care			Other Resider	nt Characteristics	
Deaths	54 . 5	With Pressure Sores		8. 6	Have Advance	ce Directives	100. 0
Total Number of Discharges		With Rashes		3. 4	Medi cati ons		
(Including Deaths)	55		, .	*****	Receiving	Psychoactive Drugs	55. 2

		Ownershi p:			Si ze:		ensure:		
	This Proprieta			50-	. 99	Ski l	l ed	Al l	
	Facility Peer Group			Peer	Group	Peer	Group	Faci l	ities
	%	%	Ratio	%	Ratio	%	Ratio	%	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	96. 6	82. 5	1. 17	87. 3	1. 11	84. 1	1. 15	84. 5	1. 14
Current Residents from In-County	87. 9	83. 3	1.06	80. 3	1.09	83. 5	1. 05	77. 5	1. 13
Admissions from In-County, Still Residing	32. 2	19. 9	1. 62	21. 1	1. 53	22. 9	1.41	21. 5	1. 50
Admi ssi ons/Average Daily Census	105. 4	170. 1	0. 62	141. 8	0. 74	134. 3	0. 78	124. 3	0.85
Discharges/Average Daily Census	98. 2	170. 7	0. 58	143. 0	0. 69	135. 6	0. 72	126. 1	0. 78
Discharges To Private Residence/Average Daily Census	23. 2	70. 8	0. 33	59. 4	0. 39	53. 6	0. 43	49. 9	0. 47
Residents Receiving Skilled Care	98. 3	91. 2	1. 08	88. 3	1. 11	90. 1	1. 09	83. 3	1. 18
Residents Aged 65 and Older	100	93. 7	1. 07	95. 8	1.04	92. 7	1. 08	87. 7	1. 14
Title 19 (Médicaid) Funded Residents	19. 0	62 . 6	0. 30	57. 8	0. 33	63. 5	0. 30	69 . 0	0. 27
Private Pay Funded Residents	74. 1	24. 4	3. 04	33. 2	2. 23	27. 0	2.74	22. 6	3. 28
Developmentally Disabled Residents	0. 0	0.8	0.00	0. 7	0.00	1. 3	0.00	7. 6	0.00
Mentally Ill Residents	43. 1	30. 6	1.41	32. 6	1. 32	37. 3	1. 16	33. 3	1. 29
General Medical Service Residents	8. 6	19. 9	0. 43	19. 2	0. 45	19. 2	0. 45	18. 4	0. 47
Impaired ADL (Mean)	40. 0	48. 6	0.82	48. 3	0. 83	49. 7	0.81	49. 4	0.81
Psychological Problems	55. 2	47. 2	1. 17	47. 4	1. 16	50. 7	1. 09	50. 1	1. 10
Nursing Care Required (Mean)	7. 3	6. 2	1. 19	6. 1	1. 21	6. 4	1. 14	7. 2	1.02